

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/23/05</u>		2 Serial/Patent # <u>10/304394</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ <u>290</u>							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">1</td><td style="width: 20px;">9</td><td style="width: 20px;">--</td><td style="width: 20px;">3</td><td style="width: 20px;">1</td><td style="width: 20px;">4</td><td style="width: 20px;">0</td></tr> </table>			1	9	--	3	1	4	0
1	9	--	3	1	4	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <div style="font-size: 1.2em; margin-top: 10px;">Charged Twice</div>										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Francine Young</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: _____		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: